



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SPECIAL EDUCATION– FUNDS MANAGEMENT SECTION
2002-2003 (FY03) LOCAL IMPROVEMENT GRANT
FINAL EXPENDITURE REPORT

School District Name:	County-District Code:
Name of person completing this form:	Form Due Date: May 30, 2003
Telephone Number and/or E-mail address for person completing this form:	

Submission Instructions

MAIL: the completed form by the **Due Date Above** to: Special Education-Funds Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102

QUESTIONS: Special Education Funds Management
573-751-0622 or webreplyspefm@mail.dese.state.mo.us

Grant Information

Title of Local Improvement Grant (Check one):

☐ Access ☐ Accelerated Schools ☐ Positive Behavior Supports

FINAL REPORT OF SPENDING:

Salaries/Substitutes:	\$
Contract Professional Services:	\$
Expenses:	\$
Parent Training:	\$
TOTAL EXPENDITURES:	\$

Signature of Authorized Representative:	Date:
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Title of Authorized Representative:

DESE USE ONLY ▼

Signature of Director, Special Education Funds Management		Date:
Spent	\$	
Paid	\$	
Balance	\$	
BALANCE DUE LEA \$	OVERPAYMENT/REFUND DUE DESE \$	OVERPAYMENT/TRANSFER TO FY04 GRANT \$